

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 7079333574 FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		AVAILABILITY ATTACHMENT		APPLICANT(S) ATTACHMENT	
	CID	DEP	CID	DEP	CID	DEP
1	1		1			
2						
3						
4	1		1			
5						
6						
7						
8	12		6			
9	4		4			
10	4		4			
11	4		4			
12	1		1			
13						
14	11		1			
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.						
TOTAL CLAES	31		24			

CLAIMS	CID	DEP	CID	DEP	CID	DEP
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAES						